

TAX INFORMATION DISCLOSURE AUTHORIZATION
THE COMPLETED ORIGINAL OF THIS FORM MUST BE RETURNED TO THE
VIRGINIA DEPARTMENT OF CHARITABLE GAMING
(Please Print or Type)

Department of Charitable Gaming No. _____

Taxpayer/Organization Name: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Tax Identification Number: _____

Type of License Applied For: _____ Tax Years: _____ 2005, 2004, 2003, 2002

This completed Tax Information Disclosure Authorization allows the Internal Revenue Service to disclose federal tax information, as necessary, including fact of filing, fact of payment, and terms of installment agreement, with respect to all gambling activities conducted by the organization for the period(s) indicated above to the Virginia Department of Charitable Gaming. The communications authorized include both written and oral representations by and between the agencies. These communications include, but are not limited to, tax or other information matters relating to the filing of Forms 990, 990-T, 940, 941, 945, 1120, 730 and 11-C for the above referenced tax periods.

If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee, I hereby certify that I have the authority to execute this form with respect to the tax matters and time period(s) covered by this Authorization.

Signature of Principal and/or Authorized Officer

Printed Name of Principal and/or Authorized Officer

Title of Principal and/or Authorized Office

Daytime Telephone Number of Principal and/or Authorized Officer: _____ () - _____

Date: _____

This completed authorization is provided with the understanding the federal tax information will be used only for the intended purpose by officers and/or employees of the agency with an official need for the information in the performance of their official duties. This authorization remains valid unless revoked by the taxpayer in writing by mailing a copy of this authorization to: Internal Revenue Service, Attention: EO:T, Post Office Box 13163, Room 1520, Baltimore, Maryland 21203. Notice of any revocation of this authorization will then be forwarded by the Internal Revenue Service to the Virginia Department of Charitable Gaming. An original of this form must be received by the Internal Revenue Service in order for

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VIRGINIA DEPARTMENT OF CHARITABLE GAMING AND CANNOT BE ALTERED IN ANY
MANNER OR FORM.